



APPLICATION FOR BINGO LICENSE

1. Name of Applicant: _____ Corp. No.: _____

2. Purpose of Organization (i.e. religious, charitable, senior citizen org.):

3. Name of members who will operate and staff bingo games:

_____	_____
_____	_____
_____	_____
_____	_____

4. Street address where proposed bingo games will be conducted (include city and zip code):

Occupancy capacity: _____

5. Days and time of proposed bingo games:

6. Mailing address (include city and zip code):

Applicant hereby agrees to conduct Bingo Games in strict accordance with the provisions of Section 326.5 of the California Penal Code and Chapter .08, Section 6.08.010 of the Ordinance Code of Stanislaus County as they may be amended from time to time and applicant further agrees that the license to conduct Bingo Games may be revoked by the County upon violation of any such provisions.

APPLICATION FOR BINGO LICENSE
-continued-

The undersigned hereby declares, under penalty of perjury, that the foregoing is true and correct.

Executed at _____, California, this _____ day of _____, _____

Signature

Signature

Printed Name

Printed Name

Title

Title

Home Address

Home Address

Telephone Number

Telephone Number

NOTE: The Application must be signed by at least two officers of any organization, association, corporation or community chest or two trustees of a trust. This application must be accompanied by a letter or other evidence from the State Franchise Tax Board showing the applicant is exempt from payment of bank and corporation tax by Section 23701(a), 23701(b) 23701(e), 23701(f), 23701(g), or 237011 of the Revenue and Taxation Code and the fee of \$25.00 for the first year; thereafter a yearly renewal fee of \$10.00. In the case of a mobile home park association or a senior citizens' organization, a copy of the bylaws of such association or organization must accompany this application instead of the letter of exemption from the State Franchise Tax Board.

For Office Use Only

Application Approved:

YES

NO

Adam Christianson

Dated: _____

By: _____, Deputy

Fee Received: _____

Date Issued: _____

Receipt No.: _____

Date Expires: _____

Issued By: _____